

540 C1 Side 1

<div> <div>Date of Birth</div> <div>Prior Name</div> </div>	<div>Your first name</div> <div>If joint return, spouse's/RDP's first name</div>	<div>Initial</div> <div>Initial</div>	<div>Last name</div> <div>Last name</div>	<div>Your SSN or ITIN</div> <div>Spouse's/RDP's SSN or ITIN</div>	<div>P</div> <div>AC</div> <div>A</div> <div>R</div> <div>RP</div>
	<div>Address (number and street, PO Box, or PMB no.)</div>			<div>Apt. no./Ste. no.</div> <div>PBA Code</div>	
	<div>City (If you have a foreign address, see page 7)</div>		<div>State</div>	<div>ZIP Code</div>	
	<div> <div>● Your DOB (mm/dd/yyyy) ____/____/____</div> <div>● Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____</div> </div>				
	<div> <div>Prior Name</div> <div>If you filed your 2009 tax return under a different last name, write the last name only from the 2009 tax return.</div> <div> <div>● Taxpayer _____</div> <div>● Spouse/RDP _____</div> </div> </div>				

Filing Status

1 ☐ Single

2 ☐ Married/RDP filing jointly. (see page 3)

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

4 ☐ Head of household (with qualifying person). (see page 3)

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

If your California filing status is different from your federal filing status, fill in the circle here ☒ ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 7) **6** ☒ ☐

Whole dollars only

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 Personal: If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2, in the box. If you filled in the circle on line 6, see page 7. **7** X \$99 = \$ _____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 **8** X \$99 = \$ _____

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 **9** X \$99 = \$ _____

10 Dependents: Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____

_____ Total dependent exemptions **10** X \$99 = \$ _____

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 **11** \$ _____

12	State wages from your Form(s) W-2, box 16	12	00
13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	13	00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	14	00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9)	15	00
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	16	00
17	California adjusted gross income. Combine line 15 and line 16	17	00
18	Enter the larger of: <ul style="list-style-type: none"> Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Single or Married/RDP filing separately \$3,670 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,340 If the circle on line 6 is filled in, STOP. (see page 9) 	18	00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19	00

Tax	31 Tax. Fill in the circle if from: <input type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803. <input checked="" type="radio"/>	31	00
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$162,186, see page 10.	32	00
	33 Subtract line 32 from line 31. If less than zero, enter -0-	33	00
	34 Tax (see page 11). Fill in the circle if from: <input type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A. <input checked="" type="radio"/>	34	00
	35 Add line 33 and line 34.	35	00

Your name: _____ Your SSN or ITIN: _____

	40	Enter the amount from Side 1, line 35	40	_____	00
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Special Credits	41	New jobs credit, amount generated (see page 11) ●	41	_____	00
	42	New jobs credit, amount claimed (see page 11). ●	42	_____	00
	43	Enter credit name _____ code no _____ and amount. ►	43	_____	00
	44	Enter credit name _____ code no _____ and amount. ►	44	_____	00
	45	To claim more than two credits (see page 11) ●	45	_____	00
	46	Nonrefundable renter's credit (see page 12). ●	46	_____	00
	47	Add line 42 through line 46. These are your total credits	47	_____	00
	48	Subtract line 47 from line 40. If less than zero, enter -0-	48	_____	00
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Other Taxes	61	Alternative minimum tax. Attach Schedule P (540) ●	61	_____	00
	62	Mental Health Services Tax (see page 12) ●	62	_____	00
	63	Other taxes and credit recapture (see page 13) ●	63	_____	00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax. ●	64	_____	00
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	71	California income tax withheld (see page 13). ●	71	_____	00
	72	2010 CA estimated tax and other payments (see page 13). ●	72	_____	00
	73	Real estate and other withholding (see page 13) ●	73	_____	00
	74	Excess SDI (or VPD) withheld (see page 13) ●	74	_____	00
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Child and Dependent Care Expenses Credit (see page 13). Attach form FTB 3506.					
Payments	75	Qualifying person's social security number ●	75	____-____-____	
	76	Qualifying person's social security number ●	76	____-____-____	
	77	Enter the amount from form FTB 3506, Part III, line 8 ●	77	_____	00
	78	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ●	78	_____	00
	79	Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see page 14)	79	_____	00
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Overpaid Tax/ Tax Due	91	Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79.	91	_____	00
	92	Amount of line 91 you want applied to your 2011 estimated tax ●	92	_____	00
	93	Overpaid tax available this year. Subtract line 92 from line 91 ●	93	_____	00
	94	Tax due. If line 79 is less than line 64, subtract line 79 from line 64.	94	_____	00
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Use Tax	95	Use Tax. This is not a total line (see page 14) ●	95	_____	00

Your name: _____ Your SSN or ITIN: _____

	Code	Amount
California Seniors Special Fund (see page 22)	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
California Fund for Senior Citizens	● 402	00
Rare and Endangered Species Preservation Program	● 403	00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
California Breast Cancer Research Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Fund	● 413	00
Arts Council Fund	● 415	00
California Police Activities League (CALPAL) Fund	● 416	00
California Veterans Homes Fund	● 417	00
Safely Surrendered Baby Fund	● 418	00
110 Add code 400 through code 418. This is your total contribution	● 110	00

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 00
Pay online – Go to **ftb.ca.gov** and search for **web pay**.

112 Interest, late return penalties, and late payment penalties **112** 00
113 Underpayment of estimated tax. Fill in circle: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** ● **113** 00
114 Total amount due (see page 16). Enclose, but **do not** staple, any payment **114** 00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 16).
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● **115** 00
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 16).
Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
☐ Checking ☐ Savings
● Routing number ● Type ● Account number ● **116** Direct deposit amount 00
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
☐ Checking ☐ Savings
● Routing number ● Type ● Account number ● **117** Direct deposit amount 00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Spouse's/RDP's signature (if a joint return, both must sign)	Daytime phone number (optional) ()
Sign Here It is unlawful to forge a spouse's/RDP's signature. Joint tax return? (see page 17)	X Your email address (optional). Enter only one email address.	Date
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		● Paid preparer's PTIN/SSN
Firm's name (or yours, if self-employed)	Firm's address	● FEIN
Do you want to allow another person to discuss this return with us (see page 17)? ● <input type="checkbox"/> Yes <input type="checkbox"/> No		()
Print Third Party Designee's Name		Telephone Number